

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/28/2013
FORM APPROVED
OMB NO. 0938-0391

45th 4/07/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445156	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2013
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NAME OF PROVIDER OR SUPPLIER LAUREL MANOR HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 902 BUCHANAN RD NEW TAZEVELL, TN 37825
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 514 SS=D	<p>An annual recertification survey and complaint investigation #31131 was completed on February 21, 2013, at Laurel Manor Health Care. No deficiencies were cited related to complaint investigation #31131 under 42 CFR PART 482.13, Requirements for Long Term Care Facilities.</p> <p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to ensure documentation of vital resident information prior to and after dialysis for one resident (#158) of forty residents reviewed.</p> <p>The findings included:</p> <p>Resident #158 was admitted to the facility with diagnoses of End Stage Renal Disease, Diabetes Mellitus, and General Weakness.</p>	F 514		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Administrator (X6) DATE 3/8/2013

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

MAR 11 2013

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER LAUREL MANOR HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 802 BUCHANAN RD NEW TAZEWELL, TN 37825	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 514 Continued From page 1

Medical record review revealed no documentation of the resident's weights or vital signs before or after dialysis clinic visits scheduled weekly for Tuesday, Thursday, and Saturday.

Interview with Licensed Practical Nurse #1, on February 21, 2013, at 9:35 a.m., at the South nurses' station, confirmed the facility failed to ensure vital signs and weights were documented before and after dialysis clinic visits.

F 514D

A communication form to ensure adequate Communication between facility and the Dialysis center has been implemented for Resident # 158 and all other Dialysis Residents.

All other Residents receiving Dialysis services Documentation was reviewed by Director of Nursing .

A meeting with facility Licensed staff and The Dialysis Clinic Staff has been scheduled, by Director of Nursing, to facilitate and review the form that has been established to assure that communication between facility staff and Dialysis Staff is completed for each Resident on each of their dialysis. The Dialysis Center will fax the completed form to the facility Certified Dietary Manager prior to the resident leaving the Dialysis center/ and return the original completed form to the facility.

The process for communication between facility Staff and Dialysis center will be evaluated weekly during Our facility focus meeting, and monthly by the Director Of Nursing during the Monthly QA meeting attended by Administrator, Medical Director, Dietary Manager, and other QA committee members.

March 21, 2013